

SERFF Tracking Number:	MULF-125661933	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company	State Tracking Number:	39066
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC Insurance		
Project Name/Number:	Gold Rate Increase/		

Filing at a Glance

Company: John Hancock Life Insurance Company

Product Name: LTC Insurance

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Rate

SERFF Tr Num: MULF-125661933 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Joanne Witham, Matthew

Fanning, Patricia Valley, Sarah

Florreich, Patrick O'Rourke, Shahir

Ahmed, Elizabeth Taylor, Richard

Higgins, David Plumb, Pamela

Judge, Wes DeNering

Date Submitted: 05/21/2008

State Tr Num: 39066

State Status: Approved-Closed

Reviewer(s): Harris Shearer

Disposition Date: 06/11/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Gold Rate Increase

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 13%

Filing Status Changed: 06/11/2008

State Status Changed: 06/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The LTC-96 AR 9/96, LTC-96CL AR 9/96, and LTC2000 4/00 are individual policy forms that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting. The NH-99 4/99 forms are individually underwritten policies that provide Facility Only long-term care coverage for care received in a nursing home or assisted care living facility.

<i>SERFF Tracking Number:</i>	<i>MULF-125661933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39066</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC Insurance</i>		
<i>Project Name/Number:</i>	<i>Gold Rate Increase/</i>		

LTC-96 AR 9/96 May 20, 1997

LTC-96CL AR 9/96 May 20, 1997

NH-99 4/99 May 16, 2000

LTC2000 4/00 March 5, 2001

The forms were sold through 2003. They are no longer being marketed in any State.

We are requesting the approval of a 13% premium rate increase on the above listed forms and all associated riders. The increase is needed primarily due to adverse lapse experience. The same increase is also being requested nationwide on the comparable forms to those listed above.

The proposed premium rates will be effective on the next policy anniversary date, following a 60 day policyholder notification period, which will be made as soon as practicable following State approval. We will also offer the affected insureds some alternative options to reduce their benefits in order to possibly maintain their current premium level.

The following items are included in this submission:

- * the submission letter
- * all actuarial material
- * a \$150.00 filing fee
- * all required certifications

Company and Contact

Filing Contact Information

Sarah Florreich,
200 Berkeley Street
Boston, MA 02117

sflorreich@jhancock.com
(617) 572-6076 [Phone]

Filing Company Information

John Hancock Life Insurance Company
200 Berkeley Street

CoCode: 65099
Group Code: 904

State of Domicile: Massachusetts
Company Type: Long Term Care
Insurance

SERFF Tracking Number: *MULF-125661933* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company* *State Tracking Number:* *39066*
Company Tracking Number:
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *LTC Insurance*
Project Name/Number: *Gold Rate Increase/*

P O Box 111

Boston, MA 02117

(617) 572-5000 ext. [Phone]

Group Name:

FEIN Number: 04-1414660

State ID Number:

SERFF Tracking Number:	MULF-125661933	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company	State Tracking Number:	39066
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC Insurance		
Project Name/Number:	Gold Rate Increase/		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	Yes
Fee Explanation:	1 x \$150 = \$150
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$150.00	05/21/2008	20443815

SERFF Tracking Number:	MULF-125661933	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company	State Tracking Number:	39066
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC Insurance		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	06/11/2008	06/11/2008

<i>SERFF Tracking Number:</i>	<i>MULF-125661933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39066</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC Insurance</i>		
<i>Project Name/Number:</i>	<i>Gold Rate Increase/</i>		

Disposition

Disposition Date: 06/11/2008

Implementation Date:

Status: Approved

Comment: The 13% rate increase is approved effective 6/11/08 to be implemented after proper notification to the insureds.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
John Hancock Life Insurance Company	13.000%	\$970,473	672	\$1,444	13.000%	13.000%	13.000%

<i>SERFF Tracking Number:</i>	<i>MULF-125661933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39066</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC Insurance</i>		
<i>Project Name/Number:</i>	<i>Gold Rate Increase/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	cover letter		Yes
Supporting Document	transmittal		Yes

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
John Hancock Life Insurance Company	13.000%	13.000%	\$970,473	672	\$1,444	13.000%	13.000%

SERFF Tracking Number: MULF-125661933 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 39066
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC Insurance
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Supporting Document Schedules

Review Status:
Satisfied -Name: cover letter 05/21/2008
Comments:
Attachment:
Cover letter AR.pdf

Review Status:
Satisfied -Name: transmittal 05/21/2008
Comments:
Attachment:
NAIC transmittal AR.pdf

John Hancock Life Insurance Company

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-6065
Direct: (617) 572-8639
Fax: (617) 572-0803
Email: porourke@jhancock.com



Patrick O'Rourke, FSA, MAAA
Assistant Vice-President
LTC Product Development

May 21, 2008

Julie Benafield Bowman
Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: **John Hancock Life Insurance Company**
Company NAIC # 65099, FEIN # 04-1414660
Individual Long-Term Care Insurance Rate Revision Submission
for forms LTC-96 AR 9/96, LTC-96CL AR 9/96, NH-99 4/99, and LTC2000 4/00

Dear Commissioner:

The LTC-96 AR 9/96, LTC-96CL AR 9/96, and LTC2000 4/00 are individual policy forms that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting. The NH-99 4/99 forms are individually underwritten policies that provide Facility Only long-term care coverage for care received in a nursing home or assisted care living facility.

LTC-96 AR 9/96	May 20, 1997
LTC-96CL AR 9/96	May 20, 1997
NH-99 4/99	May 16, 2000
LTC2000 4/00	March 5, 2001

The forms were sold through 2003. They are no longer being marketed in any State.

We are requesting the approval of a 13% premium rate increase on the above listed forms and all associated riders. The increase is needed primarily due to lower than anticipated lapse experience. The same increase is also being requested nationwide on the comparable forms to those listed above.

The proposed premium rates will be effective on the next policy anniversary date, following a 60 day policyholder notification period, which will be made as soon as practicable following State approval. We will also offer the affected insureds some alternative options to reduce their benefits in order to possibly maintain their current premium level.

The following items are included in this submission:

- the submission letter
- all actuarial material
- a \$150.00 filing fee
- all required certifications


Sincerely,

Patrick O'Rourke, FSA, MAAA
Assistant Vice-President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company P. O. Box 111 Boston, MA 02116	MA	Life & Health	904	65099	04-1414660	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Patrick O'Rourke 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-8639	617-572-0803		porourke@jhancock.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	SERFF Filing MULF-125661933					
7.	X New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise				
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____				
9.	Type of Insurance	LTC03L Individual Long Term Care					
10.	Product Coding Matrix Filing Code	LTC03L.001 Qualified					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	5/21/2008											
13	Filing Fee (If required)	Amount	\$150	Check Date	EFT								
		Retaliatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number	EFT								
14.	Date of Domiciliary Approval	Pending approval in Massachusetts. Filing submitted in all states and the District of Columbia.											
15.	Filing Description:												
<p>The LTC-96 AR 9/96, LTC-96CL AR 9/96, and LTC2000 4/00 are individual policy forms that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting. The NH-99 4/99 forms are individually underwritten policies that provide Facility Only long-term care coverage for care received in a nursing home or assisted care living facility.</p> <table border="1" data-bbox="383 531 945 659"> <tr> <td>LTC-96 AR 9/96</td> <td>May 20, 1997</td> </tr> <tr> <td>LTC-96CL AR 9/96</td> <td>May 20, 1997</td> </tr> <tr> <td>NH-99 4/99</td> <td>May 16, 2000</td> </tr> <tr> <td>LTC2000 4/00</td> <td>March 5, 2001</td> </tr> </table> <p>The forms were sold through 2003. They are no longer being marketed in any State.</p> <p>We are requesting the approval of a 13% premium rate increase on the above listed forms and all associated riders. The increase is needed primarily due to lower than anticipated lapse experience. The same increase is also being requested nationwide on the comparable forms to those listed above.</p> <p>The proposed premium rates will be effective on the next policy anniversary date, following a 60 day policyholder notification period, which will be made as soon as practicable following State approval. We will also offer the affected insureds some alternative options to reduce their benefits in order to possibly maintain their current premium level.</p> <p>The following items are included in this submission:</p> <ul style="list-style-type: none"> • the submission letter • all actuarial material • a \$150.00 filing fee • all required certifications 						LTC-96 AR 9/96	May 20, 1997	LTC-96CL AR 9/96	May 20, 1997	NH-99 4/99	May 16, 2000	LTC2000 4/00	March 5, 2001
LTC-96 AR 9/96	May 20, 1997												
LTC-96CL AR 9/96	May 20, 1997												
NH-99 4/99	May 16, 2000												
LTC2000 4/00	March 5, 2001												

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas_____.			
Print Name	<u>Patrick O'Rourke</u>	Title	<u>Assistant Vice-President</u>
Signature			
		Date:	<u>5/21/2008</u>

LHTD-1, Page 2 of 2

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			Gold Rate Increase	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			13%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum AR Gold rate increase memo with exhibits	LTC-96 AR 9/96 LTC-96CL AR 9/96 NH-99 4/99 LTC2000 4/00	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>13</u> % - ____% <input type="checkbox"/> Other _____	
02			<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1